

Practitioner's Docket No. 1012.188



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s):

Kolosov et al.

For (title):

RESONATOR SENSOR ASSEMBLY

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

16 Page(s) of Specification

- 6 Page(s) of Claims
- 4 Sheet(s) of Drawing(s)--Formal
- B. Other Papers Enclosed

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

(Express Mail label number is mandatory.) (Express Mail certification is optional)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date March 19, 2004 in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EL 994649370 US

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Date: 03.19.04

Signature of person certifying

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2 Page(s) of declaration and power of attorney - unexecuted

1 Page(s) of abstract

4 Page(s) of Application Data Sheet (ADS)

3. Declaration or Oath

Enclosed and Unexecuted.

4. Language

English

5. Assignment

Enclosed and executed.

6. Fee Calculation (37 C.F.R. § 1.16)

Regular Application

			С	LAIMS	AS FII	LED						
	Number F	mber Filed		Number Extra			Rate			Basic Fee 37 C.F.R. § 1.16(a) \$770.00		
Total Claims (37 C.F.F § 1.16(c))	₹ 30	_	20	=	10	x	\$	18.00	=	\$	180.00	
Independent Claims (37 C.F.R § 1.16(b))	§ 8	_	3.	=	5	x	\$	86.00	=	\$	430.00	
Multiple Claim(s), if any (Dependent 37 C.F.R § 1.16(d))						\$	280.00		\$	0.00	
Filing Fee Calculation									\$1380.00			
7. Fee Payme	ent Being M	ade	at This	s Time								
Enclosed												
Filing Fee Request for Early Publication Fee									\$1380.00 \$.00			
Total Fees Enclosed									\$1380.00			

8. Method of Payment of Fees

Į,

Authorization is hereby made to charge the amount of \$1380.00 to Deposit Account No. 50-0496

Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-0496.

A duplicate of this paper is attached.

9. Instructions as to Overpayment

Credit Account No. 50-0496.

10. Relate Back

A. 35 U.S.C. § 119(e)

"This application claims the benefit of U.S. Provisional Application Nos.:

APPLICATION NO.

FILING DATE

60/456,517

03/21/2003"

Language of prior filed provisional application

The above identified prior filed provisional application, namely application 60/456,517, filed 03/21/2003, whose benefit is being claimed was filed in the English language.

Date: 19 March 2001

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